



Date: _____

Referred By: _____

Service Requested: _____

Community Action of Laramie County

(3/2009)

1. Name (Last, First, Middle Initial)	2. Mailing Address (Street, Box#, City, Zip Code, etc.)	
3. Residence, if other than mailing address	4. Telephone/Message Number	5. Alternate Telephone/Message Number

6. COMPLETE ALL THE INFORMATION BELOW FOR ALL PERSONS LIVING WITH YOU. List yourself first.

Name (Last, First, Middle Initial)	Relationship (Spouse, Child, Etc.)	Age	Date of Birth	Sex	Race	Highest Level of Education Completed	Disabled	Vet	Health Insurance Yes or No
	SELF								
SSN#									
SSN#									
SSN#									
SSN#									

7. Marital Status (Check one) : Married Widow Divorced Separated Single Single Parent With Child(ren)

<input type="checkbox"/> Home Owner <input type="checkbox"/> HUD/CHA <input type="checkbox"/> Homeless <input type="checkbox"/> Renter <input type="checkbox"/> Rent Free <input type="checkbox"/> Relocating	Landlord _____ Name Address Phone Mortgage _____ Name Address Phone
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*******FOR OFFICE USE ONLY**SECTIONS BELOW TO BE COMPLETED WITH A CASE MANAGER*******

ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS FOR THE PAST 90 DAYS

Household Member	Employer	Occupation	Hourly Wage	Monthly Gross	Start Date	End Date

OTHER SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS FOR THE PAST 90 DAYS

T.A.N.F/POWER \$	Food Stamps \$	Social Sec/SSI/SSDI \$	Pension/Retirement \$	Child Support \$	Unemployment \$
Workers Comp \$	Veterans Benefits \$	Student Grant/Loans \$	Housing Utility Allowance \$	IRS Refund/Date \$	State Supplement \$
Per Capita \$	WIC Y/N	Savings/Checking \$	Other \$	Other\$	

CURRENT OR AVERAGE HOUSEHOLD MONTHLY EXPENSES

Rent/Mortgage:	Lot Rent:	Lights/Gas:	Water:	Phone:	Cable:	Day Care:
Car Payment:	Car Insurance:	Rent to Own:	Legal Fines/Fees:	Medical/Prescription Meds:	Child Support:	Installment Loans:
Personal Loans:	Credit Cards:	Student Loans:	Car Repairs:	Other:		

By signing this form I am certifying that the family composition, income and asset information I have provided is true, correct, and complete to the best of my knowledge. I understand that making a false statement of representation could make me ineligible for assistance.

 Client Signature

 Date

 Case Manager Signature

 Date